Case 18-06665 Doc 1 Filed 03/08/18 Entered 03/08/18 11:38:13 Desc Main Document Page 1 of 37

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | - | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | |
|-----|--|---|---|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Blanche First name Libbie Middle name Pisauro Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) | |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | ve | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3119 | | |

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Case number (if known)

Debtor 1 Blanche Libbie Pisauro

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 318 Dempsey St. Apt. 210 Elburn, IL 60119 Number, Street, City, State & ZIP Code Kane County If your mailing address is different from the one | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it |
| | | above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: ■ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. □ I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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Debtor 1 Blanche Libbie Pisauro

Case number (if known)

| Par | t 2: Tell the Court About | Your B | Bankruptcy Ca | se | | | | |
|--|---|--------------|---------------|--------------------------------------|--|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see Notice Required by page 1 and check the appropria | 11 U.S.C. § 342(b) for Individuals Filing for Bank te box. | § 342(b) for Individuals Filing for Bankruptcy | |
| | choosing to file under | Chapter 7 | | | | | | |
| | | □ Chapter 11 | | | | | | |
| | | □с | Chapter 12 | | | | | |
| | | □с | Chapter 13 | | | | | |
| | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | u may pay. Typ attorney is subr | ically, if you are paying the fee y | ck with the clerk's office in your local court for mo ourself, you may pay with cash, cashier's check, half, your attorney may pay with a credit card or c | or money | |
| ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Applic The Filing Fee in Installments (Official Form 103A). | | | | | on, sign and attach the Application for Individuals | s to Pay | | |
| | | | | | | on only if you are filing for Chapter 7. By law, a jud | | |
| | | | | | | our income is less than 150% of the official pover in installments). If you choose this option, you mu | | |
| | | | | | | cial Form 103B) and file it with your petition. | | |
| | | | | | | | | |
|). | Have you filed for bankruptcy within the | ■ No | | | | | | |
| | last 8 years? | □ Ye | | | | | | |
| | | | District | | | Case number | | |
| | | | District | | When | | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy | ■ No | 0 | | | | | |
| | cases pending or being filed by a spouse who is | □ Ye | es. | | | | | |
| | not filing this case with you, or by a business partner, or by an affiliate? | | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11 | Do you rent your | | o Go to li | ine 12 | | | | |
| ٠ | residence? | □ N(| | | singd on aviation judgment again | et vou? | | |
| | | ■ Ye | es. | | ained an eviction judgment again | si you: | | |
| | | | | No. Go to line | 12. | | | |
| | | | | Yes. Fill out Initial bankruptcy pet | | Judgment Against You (Form 101A) and file it wi | ith this | |

| | | Document | Page 4 of 37 | |
|----------|------------------------|----------|--------------|------------------------|
| Debtor 1 | Blanche Libbie Pisauro | | 9 | Case number (if known) |

| Part | Report About Any Bu | sinesses | You Own | as a Sole Propriet | or | | |
|------|---|--------------------------------------|---|--|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | II- or part-time ■ No. Go to Part 4. | | | | | |
| | | ☐ Yes. | Name | and location of busi | ness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, State | e & ZIP Code | | |
| | it to this petition. | | Checi | k the appropriate box | to describe your business: | | |
| | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | ess (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate as. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ans, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). | | | | |
| | For a definition of small | ■ No. | I am r | ot filing under Chap | ter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankro Code. | | | | |
| | | ☐ Yes. | I am f | iling under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | | |
| Part | 4: Report if You Own or | Have Any | Hazardo | ous Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

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Debtor 1 Blanche Libbie Pisauro

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Desc Main Document Page 6 of 37 Case number (if known) Debtor 1 **Blanche Libbie Pisauro** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Blanche Libbie Pisauro

Blanche Libbie Pisauro Signature of Debtor 1

Executed on March 7, 2018

MM / DD / YYYY

Signature of Debtor 2

MM / DD / YYYY

Executed on

Debtor 1 Blanche Libbie Pisauro Document Page 7 of 37 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Edgar P. Petti | Date | March 7, 2018 |
|---|---------------|---------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Edgar P. Petti 2192764 | | |
| Petti Murphy & Associates Firm name | | |
| 22 South 4th Street Suite 2 Geneva, IL 60134 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 630-232-9303 | Email address | epetti@pettimurphylaw.com |
| 2192764 IL | | |
| Bar number & State | | |

| | | Docume | ent Page 8 of : | 3/ | |
|---------------------|------------------------|-------------------|-----------------|----|-----------------------|
| Fill in this inform | ation to identify your | case: | | | |
| Debtor 1 | Blanche Libbie P | isauro | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | <u> </u> | | |
|-----|--|--------------|-------------------------------|
| Par | t1: Summarize Your Assets | | |
| | | Your as | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 11,120.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 11,120.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 7,297.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 30,129.00 |
| | Your total liabilities | \$ | 37,426.00 |
| Par | t3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,709.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,695.29 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a | a personal | family or |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Blanche Libbie Pisauro Document Page 9 of 37

Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14. |

\$______\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total claim | |
|--|-------------|------|
| From Fart 4 on Schedule E/F, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | | Doci | <u>ıment Page</u> | 10 of 37 | | |
|---------------------|--------------------------------------|----------------------------|---------------------------|------------------------------|--|---|--|
| Fill in | this informa | ation to identify your | case and this filing: | | | | |
| Debto | r 1 | Blanche Libbie P | isauro | | | | |
| 200.0 | | First Name | Middle Name | Last Name | | | |
| Debto | | | | | | | |
| (Spouse | e, if filing) | First Name | Middle Name | Last Name | } | | |
| United | d States Banl | kruptcy Court for the: | NORTHERN DISTR | ICT OF ILLINOIS | | | |
| _ | | | | | | | |
| Case | number | | | | | | |
| | | | | | | | amended filing |
| | | | | | | | |
| Offic | cial For | m 106A/B | | | | | |
| Sak | odulo | A/R: Prop | ortv | | | | 40/45 |
| | | A/B: Prop | | | | | 12/15 |
| think it informa | fits best. Be | as complete and accura | ate as possible. If two n | narried people are filing | ts in more than one category, together, both are equally re ny additional pages, write you | sponsible for supply | ying correct |
| Part 1: | Describe E | ach Residence, Building | g, Land, or Other Real E | state You Own or Have | an Interest In | | |
| 1 Do 1 | OII OWN OF ha | ve any legal or equitabl | e interest in any reside | nce huilding land ore | imilar property? | | |
| 1. Боу | ou own or na | ive any legal of equitable | e interest in any reside | nice, bulluling, lariu, or s | illinai property: | | |
| ■ N | lo. Go to Part 2 | 2. | | | | | |
| ПΥ | es. Where is t | the property? | | | | | |
| | | | | | | | |
| Part 2: | Describe Y | our Vehicles | | | | | |
| someo | ne else drive s, vans, truc lo | | le, also report it on So | hedule G: Executory (| hey are registered or not? Contracts and Unexpired Le | | • |
| 3.1 | Make: N | issan | Who has an | interest in the property | | deduct secured claims | |
| 0.1 | | ersa Note | ■ Debtor 1 | | tne amo | ount of any secured cla rs Who Have Claims S | |
| | | 014 | Debtor 2 | • | | | |
| | Approximate | | | and Debtor 2 only | | | urrent value of the ortion you own? |
| | Other informa | | | ne of the debtors and and | - | | • |
| | Location: | 318 Dempsey St. A | | | | | |
| | 210, Elbur | n IL 60119 | Check if | this is community prop | erty | \$7,200.00 | \$7,200.00 |
| | <i>mples:</i> Boats Io | | | | er vehicles, and accessories, motorcycle accessories | ies | |
| | | | | | 2, including any entries fo | | \$7,200.00 |
| Part 3: | Describe Y | our Personal and Hous | ehold Items | | | | |
| Do yo | ou own or ha | ave any legal or equit | able interest in any | of the following items | s? | port Do r | rent value of the tion you own? not deduct secured ms or exemptions. |
| a Hou | sehold goo | ds and furnishings | | | | J.dii | |

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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|---------------|---|
| Debtor 1 | Blanche Libbie Pisauro Case number (if known) |
| Yes. | Describe |
| | Household: Misc goods and household furnishings of 1 bedroom |
| | apartment |
| | Location: 318 Dempsey St. Apt. 210, Elburn IL 60119 \$1,000.00 |
| □ No | hics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games Describe |
| | Electronics: tv Location: 318 Dempsey St. Apt. 210, Elburn IL 60119 \$100.00 |
| Example No | bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles Describe |
| Example No | ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments Describe |
| ■ No | ns ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe |
| □ No ´ | s bles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe |
| | Clothes: Necessary clothing of adult female Location: 318 Dempsey St. Apt. 210, Elburn IL 60119 \$400.00 |
| □ No | y oles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Describe |
| | Jewelry: wedding ring Location: 318 Dempsey St. Apt. 210, Elburn IL 60119 \$450.00 |
| Examp ■ No | rm animals oles: Dogs, cats, birds, horses Describe |
| ■ No | her personal and household items you did not already list, including any health aids you did not list Give specific information |

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Case number (if known) Document Debtor 1 **Blanche Libbie Pisauro** 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.950.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... West Suburban Bank, 315 S. Randall Road, St **Checking Acct** \$300.00 Charles, IL 60174 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: ■ Yes. Securty Deposit for Rent Wisconsin Management Co., 2040 S Park St, \$835.00 Madison, WI 53713 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

| | | Case 18-06 | 665 | Doc 1 | Filed 03/08/18 Document | Entered 03/08/18 11:38:13 Page 13 of 37 | Desc Main |
|-----|------------------|---|-------------------------|--------------------------|--|---|--|
| D | ebtor 1 | Blanche Libbie | e Pisau | ro | | Page 13 of 37 Case number (if known) | |
| | ■ No □ Yes | Instit | tution na | me and desc | ription. Separately file th | ne records of any interests.11 U.S.C. § 521(c): | |
| 25 | ■ No | equitable or future. Give specific inform | | | rty (other than anythin | g listed in line 1), and rights or powers exe | rcisable for your benefit |
| 26 | 6. Patents | s, copyrights, trad | emarks, | , trade secre | ets, and other intellectu | ual property and licensing agreements | |
| | ■ No | Give specific inforr | | | roceeus nom royanies a | and neeroing agreements | |
| 27 | Examp ■ No | es, franchises, and bles: Building permit | ts, exclu | sive licenses | | n holdings, liquor licenses, professional licenso | es |
| B.4 | | | | | | | Command value of the |
| IV | ioney or p | property owed to y | you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | B. Tax refo | unds owed to you | | | | | |
| | ☐ Yes. 0 | Give specific inform | nation ab | oout them, inc | cluding whether you alre | ady filed the returns and the tax years | |
| 29 | ■ No | | • | | usal support, child suppo | ort, maintenance, divorce settlement, property | settlement |
| 30 | Examp | | , disabilíi id loans | ty insurance | payments, disability ben someone else | efits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| 31 | . Interest | ts in insurance po | licies | e insurance; h | nealth savings account (| HSA); credit, homeowner's, or renter's insurar | nce |
| | □ No ■ Yes. I | Name the insuranc | | nny of each popany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| | | | \$3,1: Colo | 29.00 deatl | Life, 399 Market St., | Debra Plummer, daughter | \$295.00 |
| | | | \$5,4 Colo | 95.00 deatl | Life, 399 Market St., | Debra Plummer, daughter | \$540.00 |
| 32 | If you a someon | | of a living | | someone who has die t proceeds from a life in | ed surance policy, or are currently entitled to rece | eive property because |

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Case number (if known) Document Debtor 1 **Blanche Libbie Pisauro** 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ Yes. Give specific information.. **Deceased Husband's Retiree Medical Contribution Subsidy** Aon, 200 East Randolph Street, 14th Floor, Chicago, Illinois 60601 Unknown Debtor receives \$41 per month until death 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1.970.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7 ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form \$0.00

Part 8: 55. Part 1: Total real estate, line 2 Part 2: Total vehicles, line 5 56. \$7,200.00 57. Part 3: Total personal and household items, line 15 \$1,950.00 58. Part 4: Total financial assets, line 36 \$1,970.00 Part 5: Total business-related property, line 45 59. \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$11,120.00 Copy personal property total \$11,120.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$11,120.00

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | Blanche Libbie P | isauro | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the Pro | perty You | u Claim a | s Exempt |
|---------|----------|---------|-----------|-----------|----------|
|---------|----------|---------|-----------|-----------|----------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|--|-------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2014 Nissan Versa Note 25,650 miles Location: 318 Dempsey St. Apt. 210, | \$7,200.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| Elburn IL 60119 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household: Misc goods and household furnishings of 1 bedroom | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| apartment Location: 318 Dempsey St. Apt. 210, Elburn IL 60119 Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Electronics: tv Location: 318 Dempsey St. Apt. 210, | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| Elburn IL 60119 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Clothes: Necessary clothing of adult female | \$400.00 | | \$400.00 | 735 ILCS 5/12-1001(a) |
| Location: 318 Dempsey St. Apt. 210, Elburn IL 60119 Line from <i>Schedule A/B</i> : 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

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| De | btor 1 Blanche Libbie Pisauro | Boodinone | | Case number (if known) | |
|----|--|---|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
| | Jewelry: wedding ring Location: 318 Dempsey St. Apt. 210, Elburn IL 60119 Line from Schedule A/B: 12.1 | \$450.00 | | \$450.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| | Checking Acct #176: West Suburban Bank, 315 S. Randall Road, St | \$300.00 | • | \$300.00 | 735 ILCS 5/12-1001(b) |
| | Charles, IL 60174 Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Securty Deposit for Rent: Wisconsin Management Co., 2040 S Park St, | \$835.00 | • | \$835.00 | 735 ILCS 5/12-1001(b) |
| | Madison, WI 53713 Line from Schedule A/B: 22.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Whole Life Insurance Policy w/ \$3,129.00 death benefit | \$295.00 | | \$295.00 | 735 ILCS 5/12-1001(b) |
| | Colonial Penn Life, 399 Market St., Philadelphia, PA 19181 Beneficiary: Debra Plummer, daughter Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Whole Life Insurance Policy w/ \$5,495.00 death benefit | \$540.00 | | \$540.00 | 735 ILCS 5/12-1001(b) |
| | Colonial Penn Life, 399 Market St., Philadelphia, PA 19181 Beneficiary: Debra Plummer, daughter Line from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Deceased Husband's Retiree Medical Contribution Subsidy | Unknown | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | Aon, 200 East Randolph Street, 14th Floor, Chicago, Illinois 60601 Debtor receives \$41 per month until death Line from Schedule A/B: 35.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 ■ No ■ Yes. Did you acquire the property covere □ No | B years after that for ca | ises fi | · | , |
| | П Voo | | | | |

| | Cas | e 18-06665 | Doc 1 Filed 03/08/18 Document | B Entere Page 1 | ed 03/08/18 11:3 7 of 37 | 38:13 Desc M | lain |
|----------------|-------------------------------------|-------------------------|--|--------------------|--|--|-----------------------------------|
| Filli | in this informa | tion to identify yo | | | | | |
| Deb | tor 1 | Blanche Libbie | Pisauro Middle Name | Last Name | | | |
| | tor 2 use if, filing) | First Name | Middle Name | Last Name | | | |
| Unit | ed States Bank | ruptcy Court for the | e: NORTHERN DISTRICT OF IL | LINOIS | | | |
| Cas (if kno | e number | | | | | | if this is an led filing |
| | icial Form hedule D | | s Who Have Claims | Secure | d by Property | / | 12/15 |
| s nee | eded, copy the A per (if known). | dditional Page, fill it | If two married people are filing toget out, number the entries, and attach i | | | | |
| | | ave claims secured b | ,, , , , | | | | |
| | | nis box and submit | this form to the court with your other | er schedules. Y | ou have nothing else to | report on this form. | |
| | Yes. Fill in a | II of the information | below. | | | | |
| Part | List All | Secured Claims | | | | | |
| for e | ach claim. If mor | e than one creditor ha | more than one secured claim, list the cr is a particular claim, list the other creditor tical order according to the creditor's national | ors in Part 2. As | Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 | Bank of Am | erica | Describe the property that secures | the claim: | \$7,297.00 | \$7,200.00 | \$97.00 |
| | Creditor's Name | | 2014 Nissan Versa Note 25 miles Location: 318 Dempsey St. Elburn IL 60119 | | | | |
| | PO Box 452 Jacksonvill | 224 e, FL 32232 | As of the date you file, the claim is apply. Contingent | : Check all that | | | |
| | Number, Street, C | ity, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who | owes the debt | ? Check one. | Nature of lien. Check all that apply. | • | | | |
| | Debtor 1 only Debtor 2 only | | An agreement you made (such as car loan) | s mortgage or se | cured | | |
| | Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien, m | echanic's lien) | | | |
| | | debtors and another | ☐ Judgment lien from a lawsuit | ŕ | | | |
| | theck if this clain community debt | | Other (including a right to offset) | Car Ioan | | | |
| Date | debt was incur | red 12/2/2016 | Last 4 digits of account nur | mber <u>8553</u> | | | |
| | | | | | | | |

\$7,297.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$7,297.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | Document | Page 18 | 3 of 37 | |
|---|--|---|--|--|---|
| Fill in th | is information to identify your | case: | | | |
| Debtor 1 | Blanche Libbie P | isauro | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, t | iling) First Name | Middle Name | Last Name | | |
| | tates Bankruptcy Court for the: | NORTHERN DISTRICT OF ILI | LINOIS | | |
| _ | | _ | | _ | |
| Case nur | mber | | | | ☐ Check if this is an amended filing |
| | Form 106E/F ule E/F: Creditors V | Vho Have Unsecured | Claims | | 12/15 |
| any execu Schedule Schedule I Ieft. Attach name and | tory contracts or unexpired leases G: Executory Contracts and Unexp D: Creditors Who Have Claims Sec the Continuation Page to this pa case number (if known). | s that could result in a claim. Also I bired Leases (Official Form 106G). D cured by Property. If more space is ge. If you have no information to re | ist executory o o not include needed, copy t | ontracts on Schedule A/B: Prope any creditors with partially secur he Part you need, fill it out, numl | red claims that are listed in ber the entries in the boxes on the |
| Part 1: | List All of Your PRIORITY U | | | | |
| _ | y creditors have priority unsecure | ed claims against you? | | | |
| | o. Go to Part 2. | | | | |
| ☐ Ye | | TV I In a course of Claims | | | |
| Part 2: | List All of Your NONPRIORITY The control of Your NONPRIORITY List All of Your NONPRIORITY Lis | | | | |
| _ | | | | | |
| | | part. Submit this form to the court with | your other sche | dules. | |
| ■ Ye | PS. | | | | |
| unsec | eured claim, list the creditor separate one creditor holds a particular claim, | laims in the alphabetical order of th ly for each claim. For each claim listed list the other creditors in Part 3.lf you l | l, identify what t | ype of claim it is. Do not list claims | already included in Part 1. If more |
| | | | | | Total claim |
| | Bank of America | Last 4 digits of acc | ount number | 0065 | \$8,217.00 |
| | Nonpriority Creditor's Name O Box 982234 | When was the debt | incurred? | 2017 | |
| | El Paso, TX 79998 Iumber Street City State Zlp Code | As of the date you | file, the claim i | s: Check all that apply | |
| V | Vho incurred the debt? Check one | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| [| Debtor 2 only | ☐ Unliquidated | | | |
| [| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | $\operatorname{\beth}$ At least one of the debtors and ar | — | RITY unsecured | I claim: | |
| | Check if this claim is for a com | | | | |
| | lebt s the claim subject to offset? | ☐ Obligations arising report as priority claits | | ration agreement or divorce that yo | u did not |
| _ | ■ No | | | g plans, and other similar debts | |
| | ☐Yes | Other. Specify | | | |
| | | • • • | | | |

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| Blanche Libble Pisauro | | Case number (if know) | |
|---|---|---|------------------------|
| DuPage Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 5003 | \$19,674.00 |
| P.O. Box 3930 Naperville, IL 60567 | When was the debt incurred? | 2014 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Credit card | purchases | |
| Myriad Genetics | Last 4 digits of account number | 7653 | \$200.00 |
| Nonpriority Creditor's Name 320 Wakara Way | When was the debt incurred? | 08/29/2017 | · |
| Salt Lake City, UT 84108 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim i | is. Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other Specify Medical ser | rvices | |
| State Farm Bank | Last 4 digits of account number | 2443 | \$2,038.00 |
| Nonpriority Creditor's Name | _ | | + -1,000.00 |
| PO Box 87 | When was the debt incurred? | 2016 | |
| Deposit, NY 13754 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ | Dobto to nancion or profit aborin | g plans, and other similar debts | |
| No | Debts to pension or prolit-sharin | ig plans, and other similar debts | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

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Debtor 1 Blanche Libbie Pisauro

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | 04 | Otradoustlanua | C4 | Total Claim |
| T.4.1 | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 30,129.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 30,129.00 |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|-------------------|-------------|--|--|
| Debtor 1 Blanche Libbie Pisauro | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 Wisconsin Management Co | Debtor has a one year written lease for 318 Dempsey St |
| 2040 S Park St | Apr 210, Elburn, IL 60119. Said Lease terminates |
| Madison, WI 53713 | 10/31/18. |

| | | Docume | ent Page 22 d |)T .3 / | |
|----------------------------------|--|---|------------------------|---|--|
| Fill in this in | formation to identify your | | | | |
| Debtor 1 | Blanche Libbie P | isauro | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| | s Bankruptcy Court for the: | NORTHERN DISTRICT | | | |
| Officed States | s bankruptcy Court for the. | NORTHERN DISTRICT | OI ILLINOIS | | |
| Case numbe | r | | | | ☐ Check if this is an |
| (| | | | | amended filing |
| O((; ;) | 5 40011 | | | | |
| | Form 106H | | | | |
| Schedu | ıle H: Your Cod | ebtors | | | 12/15 |
| Arizona, No. G | n the last 8 years, have you California, Idaho, Louisiana, to to line 3. Did your spouse, former spou | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | states and territories include |
| in line 2 Form 10 out Colu | again as a codebtor only i 06D), Schedule E/F (Official | f that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | sure you have listed the 16G). Use Schedule D, S | with you. List the person shown a creditor on Schedule D (Official schedule E/F, or Schedule G to fill littor to whom you owe the debt |
| | | | | Check all schedules | ιτιαι αρριγ. |
| 3.1 | me | | | Schedule D, line | |
| INA | ine | | | ☐ Schedule E/F, lin☐ Schedule G, line | · |
| | | | | — Scriedule G, line | |
| Cit | mber Street y | State | ZIP Code | | |
| | | | | Cabada D. " | |
| 3.2 Na | ime | | | _ ☐ Schedule D, line ☐ Schedule E/F, lin | |
| | | | | ☐ Schedule E/F, IIII | |
| Nic | ımber Street | | | _ | |
| Cit | | State | ZIP Code | | |

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| Eil | in this information to id- | antifu vaur aa | | | | | | | | | | | |
|------------------|--|--|---|--|------------------|---------------|-------------|---|------------|-----------------|---------------------|----------------------|-----------------|
| | in this information to ide | | | | | | | | | | | | |
| Der | otor 1 BI | anche Libb | oie Pisauro | | | _ | | | | | | | |
| | otor 2 use, if filing) | | | | | _ | | | | | | | |
| Uni | ted States Bankruptcy | Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | | | | | | | | |
| 1 | se number | | | | | | | ck if this is an amenda supplem 3 income | ed en | t sho | wing po | | |
| 0 | fficial Form 10 | <u> </u> | | | | | Ī | // / DD/ ` | ΥΥ | YY | | | |
| So | chedule I: Yo | our Inco | ome | | | | | , 22, | | | | | 12/1 |
| sup | plying correct informa use. If you are separa ch a separate sheet to | ation. If you a ted and you this form. C | ible. If two married peop are married and not filin r spouse is not filing wit On the top of any additio | g jointly, and your sp th you, do not include | ouse i inforr | s liv nati | ing with | you, incl t your sp | lud ou: | e inf se. If | ormatic more s | on about space is | your needed, |
| 1. | Fill in your employminformation. | nent | | Debtor 1 | | | | Debtor | 2 o | r no | n-filing | spouse | |
| | If you have more than one job, | | Employment status | ☐ Employed | | | | ☐ Empl | loy | ed | | | |
| | attach a separate page with information about additional | Employment status | ■ Not employed | | | | □ Not € | emp | oloye | ed | | | |
| | employers. | | Occupation | Retired | | | | | | | | | |
| | Include part-time, sea self-employed work. | isonal, or | Employer's name | | | | | | | | | | |
| | Occupation may inclu or homemaker, if it ap | | Employer's address | | | | | | | | | | |
| | | | How long employed th | nere? | | | | | | | | | |
| Par | t 2: Give Details | About Mon | thly Income | | | | | | | | | | |
| | mate monthly income use unless you are sepa | | te you file this form. If y | ou have nothing to rep | ort for | any | line, write | e \$0 in the | e sp | oace. | . Include | your no | n-filing |
| - | u or your non-filing spo e space, attach a separ | | re than one employer, con | mbine the information | for all e | empl | oyers for | that perso | on | on th | ne lines l | below. If | you need |
| | | | | | | | For De | btor 1 | | | Debtor -filing s | | |
| 2. | | | y, and commissions (be alculate what the monthly | | 2. | \$ | | 0.00 | _ | \$ | | N/A | - |
| 3. | Estimate and list mo | onthly overti | me pay. | | 3. | +\$ | | 0.00 | - | +\$ | | N/A | - |
| 4. | Calculate gross Inco | ome. Add lin | e 2 + line 3. | | 4. | \$ | | 0.00 | | \$ | | N/A | |

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| Debt | or 1 | Blanche Libbie Pisauro | | _ | | Case | number (if kno | wn) | | | | |
|------|---------------|--|---|------------|-----------|-------------|----------------|---------|-----------|------------|---------------|---------------|
| | | | | | | For | Debtor 1 | | | Debtor | | |
| | Con | y line 4 here | | 4. | | \$ | 0 | 00 | noi \$ | n-filing s | spouse N/A | |
| | СОР | y line 4 here | | 4. | | Ψ_ | U. | 00 | Ψ_ | | 11// | -1 |
| 5. | List | all payroll deductions: | | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Secur | ity deductions | 58 | a. | \$ | 0. | 00 | \$ | | N/A | A |
| | 5b. | Mandatory contributions for reti | • | 5l | b. | \$ | 0. | 00 | \$ | | N/A | A |
| | 5c. | Voluntary contributions for retir | | 50 | | \$_ | | 00 | \$_ | | N/A | |
| | 5d. | Required repayments of retirement | ent fund loans | 50 | | \$_ | | 00 | \$_ | | N/A | |
| | 5e. 5f. | Insurance Domestic support obligations | | 56 5f | | \$_ \$ | | 00 | \$_ \$ | | N/A | |
| | 5g. | Union dues | | 5 <u>(</u> | | \$ - | | 00 | \$- | | N/A | |
| | 5h. | Other deductions. Specify: | | | 9. h.+ | · : — | | | + \$_ | | N/A | |
| 6. | Add | the payroll deductions. Add lines | 5a+5h+5c+5d+5e+5f+5d+5h | — 6. | | \$ | | 00 | \$ | | N/A | |
| 7. | | culate total monthly take-home pay | Ğ | 7. | | * — \$ | | 00 | \$ \$ | | N/A | |
| | | | | ۲. | | Ψ _ | U. | 00 | Ψ_ | | IN/A | <u>4</u> |
| 8. | List 8a. | all other income regularly receive Net income from rental property | | | | | | | | | | |
| | ou. | profession, or farm | and nom operating a basiness, | | | | | | | | | |
| | | Attach a statement for each prope | | | | | | | | | | |
| | | receipts, ordinary and necessary b monthly net income. | usiness expenses, and the total | 88 | 2 | \$ | 0 | 00 | \$ | | N/A | ^ |
| | 8b. | Interest and dividends | | 8l | | \$ - | | 00 | \$- | | N/A | |
| | 8c. | | ou, a non-filing spouse, or a dependen | | ٠. | Ψ_ | 0. | 00 | Ψ_ | | 14/7 | <u>-</u> |
| | | regularly receive | , , , , , | | | | | | | | | |
| | | | child support, maintenance, divorce | 0, | ^ | \$ | • | ^^ | ¢ | | NI/ | |
| | 8d. | settlement, and property settlemer Unemployment compensation | it. | 80 80 | | * * | | 00 | \$_ \$ | | N/A | |
| | 8e. | Social Security | | 86 | | \$ - | 1,668. | | \$_ | | N/A | |
| | 8f. | Other government assistance th | at you regularly receive | 0. | ٥. | Ψ_ | 1,000. | | Ψ_ | | 14/ | <u> </u> |
| | | | alue (if known) of any non-cash assistanc nps (benefits under the Supplemental ousing subsidies | е | | | | | | | | |
| | | Specify: | outling cuborates. | 8f | f. | \$ | 0. | 00 | \$ | | N/A | Ą |
| | 8g. | Pension or retirement income | | 8 <u>(</u> | g. | \$ | | 00 | \$ | | N/A | <u>A</u> |
| | | | AON Retirement Medicare | | | | | | | | | _ |
| | 8h. | Other monthly income. Specify: | Advantage Reimb | 8I | h.+ | \$_ | 41. | 00 | + \$_ | | N/A | <u> </u> |
| 9. | Add | all other income. Add lines 8a+8b | +8c+8d+8e+8f+8g+8h. | 9. | . [| \$ | 1,709. | 00 | \$_ | | N | /A |
| 40 | 0-1- | and to many the base of the Add Page 7 | . Page 0 | 40 | _ | | 4 700 00 | L & | | N1/A |]_ s | 4 700 00 |
| 10. | | culate monthly income. Add line 7 the entries in line 10 for Debtor 1 an | | 10. | \$_ | | 1,709.00 | F \$ _ | | N/A | = \$ | 1,709.00 |
| | | | 3 , | | | | | | | | . L | |
| 11. | Inclu othe | ude contributions from an unmarried rriends or relatives. | o the expenses that you list in Schedule partner, members of your household, you uded in lines 2-10 or amounts that are not | r dep | | | • | | | Schedul | e <i>J</i> . | |
| | Spe | cify: | | | | | | | | 11. | +\$_ | 0.00 |
| 12. | | e that amount on the Summary of Sc | line 10 to the amount in line 11. The re- chedules and Statistical Summary of Certa | | | | | | | e. 12. | \$ | 1,709.00 |
| | - 1- 1-1 | | | | | | | | | | Comb | nined |
| 10 | Da : | rou evneet en inereses er de | o within the year often year file this farm | .2 | | | | | | | | hly income |
| 13. | ■ | ou expect an increase or decreas No. | e within the year after you file this form | 11 | | | | | | | | |
| | _ | Yes Explain: | | | | | | | | | | |

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| Fill | in this information to identify your case: | | | | |
|------------|--|---|---------------|---|-------------------------------|
| Deb | otor 1 Blanche Libbie Pisauro | | Che | ck if this is: | |
| | otor 2 | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter |
| `' | , 3, | 1010 | | | |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN | IOIS | | MM / DD / YYYY | |
| | se numbelknown) | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | filim at 4 math an h | -4h | allu saasaasiala fa | 12/15 |
| info | as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | |
| Pari | rt 1: Describe Your Household Is this a joint case? | | | | |
| ١. | No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Pes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | □ Yes □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include ■ No | - | | | □ 1 <i>e</i> 5 |
| | expenses of people other than yourself and your dependents? | | | | |
| Est exp | tt 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a supplicable date. | | | | |
| the | clude expenses paid for with non-cash government assistance is value of such assistance and have included it on <i>Schedule I:</i> Yificial Form 106I.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your residence. I payments and any rent for the ground or lot. | nclude first mortgag | e 4. § | S | 845.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | 5 | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | · | 9.58 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as ho | ome equity loops | 4d. § 5. § | | 0.00 |
| J. | Additional mortgage payments for your residence, Such as no | nne euuliv 10al 15 | J. J | y . | v.uu |

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| Bo. Water, sewer, garbage collection Co. Co. Soc. Soc | Debtor 1 | Blanche Libbie Pisauro | Case num | ber (if known) | |
|--|-----------|--|------------------|---------------------|-------------------------|
| 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 35.0 6d. Other. Specify: 6cd. An outsekeeping supplies 7. \$ 200.0 Childcare and children's education costs 7. \$ 200.0 Childcare and children's education costs 8. \$ 0.0 Clothing, laundry, and dry cleaning 9. \$ 20.0 Personal care products and services 10. \$ 10.0 Personal care products and services 11. \$ 30.0 Personal care products and services 12. \$ 80.0 Personal care products and services 13. \$ 70.0 Personal care products and services 14. \$ 0.0 Personal care products and services 15. \$ 72.6 Personal care products and services 15. \$ 73.6 Personal care products and services 15. \$ 9.0 Persona | S. Utilit | ties: | | | |
| b. Water, sewer, garhage collection 6. Telephone, cell phone, Internet, satellite, and cable services 6. S 35.0 6. Other. Specily: 6. G 0.0 6. S 0.0 6. Other. Specily: 6. G 0.0 6. S 0.0 6. Other. Specily: 6. G 0.0 6. S | | | 6a. | \$ | 30.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other, Specify: 6d. \$ 0.00. Food and housekseping supplies 7. \$ 200.0 Childcare and children's education costs 8. \$ 0.0 Clothing, laundry, and dry cleaning 9. \$ 20.0 Personal care products and services 110. \$ 10.0 Redical and dental expenses 111. \$ 30.0 Personal care products and services 111. \$ 30.0 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.0 Charitable contributions and religious donations 14. \$ 0.0 Insurance. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.0 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 74.6 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17d. Car payments for Vehicle 1 17a. \$ 137.4 17b. Car payments for Vehicle 1 17c. a payments for Vehicle 1 17c. a payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other Specify: 19d. Other specify: 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Homeowner's association or condominium dues 20e. \$ 0.0 20d. Homeowner's association or condominium dues 20e. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Maintenance, repair, and upkeep expenses from line 22c above. 21d. Subtract your monthly expenses from line 22c above. 22e | | The state of the s | | · - | 0.00 |
| G. Other. Specity: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ 20.0 Medical and dental expenses 11. \$ 30.0 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. \$ 78.6 15d. Other insurance. Do not include taxes deducted from your pay or included in lines 4 or 20. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Other insurance. 15a. \$ 78.6 78.6 78.6 78.6 78.7 78.6 79.8 79. | | | | | |
| Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ 20.0 Personal care products and services 11. \$ 30.0 Medical and dental expenses 11. \$ 30.0 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Lei insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Tiss. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. Tiss. Life insurance Do not include insurance educted from your pay or included in lines 4 or 20. Tiss. Life insurance Do not include insurance educted from your pay or included in lines 4 or 20. Tiss. Life insurance Tiss. Life insurance Tiss. S 79.6 | | | | · | |
| Childrare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services 10. \$ 1 | | | | · | |
| Clothing, laundry, and dry cleaning Personal care products and services 11. \$ 30.0 Refice and dental expenses 11. \$ 30.0 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.0 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Do not include insurance deducted from your pay or included in lines 4 or 20. 15b. Life insurance. 15c. Vehicle insurance. 15c. Vehicle insurance. 15c. Vehicle insurance, specify: 15c. Vehicle insurance, specify: 15d. Other insurance, specify: 15d. Other insurance, specify: 15d. Car payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 1 17d. Car payments for Vehicle 1 17d. Car payments for Vehicle 1 17d. Cherr. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. S 0.0 17d. Other. Specify: 17d. S 0.0 17d. Other payon line 5, Schedule 1, Your Income (Official Form 106), 10.0 17d. Other payon line 5, Schedule 1, Your Income (Official Form 106), 10.0 17d. Other payon line 5, Schedule 1, Your Income (Official Form 106), 10.0 17d. Other payon line 6, Schedule 1, Your Income (Official Form 106), 10.0 17d. S 0.0 17d. S 0 | | . • | | | |
| Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. To not include car payments. Do not include and payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Is \$ 0.00 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 15b. Health insurance 15b. S 144.0 15c. Vehicle insurance 15c. \$ 74.6 15d. Vehicle insurance 15d. \$ 0.00 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15c. \$ 0.00 Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 137.4 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 19. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. \$ 0.00 19b. Real estate taxes 20b. \$ 0.00 19b. Real estate taxes 20c. \$ 0.00 19b. Real estate taxes 20c. \$ 0.00 19b. Real estate taxes 20c. \$ 0.00 10ther real property expenses not included in lines 4 or 5 of this form or on Schedule I. Your Income. 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20c. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 21,695.29 22c. Add lines 24 and | | | | · | |
| Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13.\$ 0.0 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. \$ 10b. \$ 15b. \$ 10b. \$ 15b. \$ 10b. | | - · · · · · · · · · · · · · · · · · · · | | · · · | |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 0.0 Charitable contributions and religious donations 14. \$ 0.0 Charitable contributions and religious donations 15. \$ 0.0 Charitable contributions and religious donations 15. \$ 0.0 Charitable contributions and religious donations 15. \$ 15. \$ 158. \$ 179.6 159. Health insurance deducted from your pay or included in lines 4 or 20. 150. Life insurance 150. Vehicle insurance 150. Vehicle insurance 150. Vehicle insurance. Specify: 150. Vehicle insurance. Specify: 150. Vehicle insurance. Specify: 160. Onor Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 159. Installment or lease payments: 171. Car payments for Vehicle 1 172. Car payments for Vehicle 2 173. Car payments for Vehicle 2 174. Other. Specify: 175. Cother. Specify: 176. Other. Specify: 177. Other. Specify: 177. Other. Specify: 178. Car payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106). 159. Other payments you make to support others who do not live with you. 159. Specify: 16. \$ 0.0 16. \$ 0.0 177. Other. Specify: 178. \$ 0.0 179. Other real property expenses not included in lines 4 or 5 of this form on Schedule E. Your Income. 20a. Mortgages on other property 20a. \$ 0.0 20b. Real estate taxes 20b. \$ 0.0 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.0 20c. Homeowner's association or condominium dues 20c. \$ 0.0 20c. Homeowner's association or condominium dues 20c. \$ 0.0 20d. Maintenance, repair, and upkeep expenses from Direct 2 cabove. 21. 1,695.29 22. Calculate your monthly expenses from line 22c above. 23c. Subtract your | | • | | | |
| Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15c. Vehicle insurance. 15d. \$ 144.0 15c. Vehicle insurance. 15d. \$ 144.0 15c. Vehicle insurance. 15d. \$ 144.0 15d. \$ 146.0 | | • | 11. | > | 30.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations 14. \$ 0.0 Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. S 74.6 15d. Vehicle insurance 15d. Other insurance. Specify: 15d. S 0.0 15d. S 0. | | | 12 | \$ | 80.00 |
| Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15c. Vehicle insura | | | | · | |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. \$ 74.6 15b. Health insurance 15c. \$ 74.6 15d. Other insurance. Specify: 16c. \$ 0.00 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15pecify: 17a. Car payments for Vehicle 1 17a. \$ 137.4 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106). Other payments you make to support others who do not live with you. 15d. Other payments you make to support others who do not live with you. 15d. Other payments you make to support others who do not live with you. 15d. Other payments you make to support others who do not live with you. 15d. Other payments you make to support others who do not live with you. 15d. Other payments you make to support others who do not live with you. 15d. Other payments you make to support others who do not live with you. 15d. Other sell property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$ 0.0 20b. Property, homeowner's, or renter's insurance 20b. \$ 0.0 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Homeowner's association or condominium dues 20e. \$ 0.0 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.0 20d. Differ your mortly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22 and 22b. The result is your mortly your mortly your spayment to increase or decrease because the result is your mortl | | | | · · · — | |
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| ☐ Yes. Explain here: | | | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|--------------------------------------|----------------------------|---------------------------|--------------------------|--------------------------------------|
| Debtor 1 | Blanche Libbie Pi | sauro | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| (Spouse II, IIIIIIg) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| O#: -: -! F | 400D | | | | |
| Official For | | | | | |
| Declarat | tion About a | ın Individual | Debtor's S | chedules | 12/15 |
| | | | | | |
| If two married p | eople are filing together | , both are equally respo | nsible for supplying co | orrect information. | |
| You must file th | is form whenever you fi | le hankruntov schedules | or amended schedule | es. Making a false stat | ement, concealing property, or |
| | | | | | 00, or imprisonment for up to 20 |
| years, or both. 1 | 18 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | • | |
| | | | | | |
| C:- | m Dalaw | | | | |
| Sig | n Below | | | | |
| Did you no | w or agree to now come | one who is NOT an attor | rnov to haln you fill out | t hankruntau farma? | |
| Dia you pa | ly or agree to pay some | one who is NOT an attor | ney to help you fill out | i bankrupicy forms? | |
| ■ No | | | | | |
| — □ Yes. | Name of person | | | Attach Par | nkruptcy Petition Preparer's Notice. |
| ☐ Tes. | Maine or person | | | | n, and Signature (Official Form 119) |
| | | | | | , |
| Haden assa | | that I have seed the aver- | | lad with this dealerst | - u - u - d |
| | re true and correct. | that I have read the sum | imary and schedules ii | iled with this declarati | on and |
| • | | | v | | |
| | nche Libbie Pisauro | | X Cianatura | of Debtor 2 | |
| | he Libbie Pisauro ure of Debtor 1 | | Signature | OI Debtor 2 | |

Date _____

Date March 7, 2018

| Fill | in this inforn | nation to identify you | r case: | | | |
|-------------|---|-------------------------|--|---|--|---|
| | otor 1 | Blanche Libbie | | | | |
| | | First Name | Middle Name | Last Name | | |
| _ | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Cas | se number | | | | | |
| | nown) | | | | | Check if this is an amended filing |
| ∩f | ficial Fo | rm 107 | | | | |
| | <u>ficial Fo</u> atement | | Affairs for Indivi | duals Filing for B | ankruptcy | 4/10 |
| info | rmation. If m | | attach a separate sheet to | are filing together, both are this form. On the top of any | | |
| | | | arital Status and Where You | ı Lived Before | | |
| 1. | wnat is you | current marital statu | IS? | | | |
| | ☐ Married■ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | _ | t all of the places you | ived in the last 3 years. Do n | ot include where you live now | <i>'</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | 3056 Long Elgin, IL 6 | common Pky 0124 | From-To: 8/2013 - 10/20 | ☐ Same as Debtor 1 | | ☐ Same as Debtor 1 From-To: |
| 3. state | ■ No □ Yes. Ma | es include Arizona, Ca | lifornia, Idaho, Louisiana, Ne | gal equivalent in a commun vada, New Mexico, Puerto Ri fficial Form 106H). | | |
| 4. | Fill in the tota | al amount of income yo | u received from all jobs and | ng a business during this ye all businesses, including part- e together, list it only once ur | time activities. | endar years? |
| | | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |

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| 5. | Include and other | income reg er public be | pardless of wheth enefit payments; | e during this year or the two her that income is taxable. Ex- pensions; rental income; intel se and you have income that y | amples of other income are a rest; dividends; money collect | llimony; child supp ted from lawsuits; | royalties; and | |
|---|-------------------|----------------------------|---------------------------------------|---|---|---|----------------|---|
| | List eacl | h source a | nd the gross inco | ome from each source separa | tely. Do not include income t | hat you listed in lin | ıe 4. | |
| | □ No | | | | | | | |
| | Ye | s. Fill in the | e details. | | | | | |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | | | rrent year until bankruptcy: | Social Security Benefits | \$3,336.00 | | | |
| | | | | AON Retiree Medical Contribution Subsidy | \$123.00 | | | |
| | | endar yeaı to Decemb | er 31, 2017) | Social Security Benefits | \$19,872.00 | | | |
| | | | | AON Retiree Medical Contribution Subsidy | \$492.00 | | | |
| For the calendar year before that: (January 1 to December 31, 2016) | | | | Social Security Benefits | \$19,872.00 | | | |
| | | | | AON Retiree Medical Contribution Subsidy | \$492.00 | | | |
| Pa | rt 3: Li | ist Certain | Payments You | Made Before You Filed for | Bankruntev | | | |
| | | | | | • | | | |
| 6. | Are eith ☐ No | . Neithe | r Debtor 1 nor D | 's debts primarily consume Debtor 2 has primarily consu personal, family, or househo | u <mark>mer debts.</mark> Consumer debt | s are defined in 11 | U.S.C. § 10 | 1(8) as "incurred by an |
| | | | | ore you filed for bankruptcy, di | id you pay any creditor a tota | I of \$6,425* or mo | re? | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | □ Ye | paid that cr not include | each creditor to whom you pai editor. Do not include paymer payments to an attorney for the | nts for domestic support oblig his bankruptcy case. | ations, such as ch | nild support a | nd alimony. Also, do |
| | ■ Ye | s. Debtor | 1 or Debtor 2 o | t on 4/01/19 and every 3 year or both have primarily consum ore you filed for bankruptcy, di | umer debts. | | · | • |
| | | J | , | , | , . a pay a, oroanor a tota | | | |
| | | □ No ■ Ye | | '. each creditor to whom you pai | id a total of \$600 or more and | the total amount | vou naid that | creditor. Do not |
| | | _ 16 | include pay | rments for domestic support of this bankruptcy case. | | | | |
| | Credito | or's Name | and Address | Dates of payme | ent Total amount | Amount you | Was this p | payment for |

Official Form 107

paid

still owe

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Case number (if known)

Document Debtor 1 Blanche Libbie Pisauro

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pa | syment for |
|-----|--|---|---|----------------------|--|---|
| | Wisconsin Management Co 2040 S Park St Madison, WI 53713 | 1/2018, 2/2018, 3/2018 | \$2,535.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Ca ☐ Loan Re ☐ Suppliers ■ Other R | ard payment s or vendors |
| 7. | Within 1 year before you filed for bankrupte <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger control, or owner of 20% of | neral partners; partners partners or more of their voting | erships of which you | ou are a genera iny managing a | al partner; corporations gent, including one for |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider | | ments or transfer a | any property on a | eccount of a d | ebt that benefited an |
| | Insider's Name and Address | Dates of payment | Total amount | Amount you | | this payment |
| Pai | t 4: Identify Legal Actions, Repossession | | paid | still owe | Include cred | litor's name |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title | | | | | t or custody |
| 10. | Case number Within 1 year before you filed for bankrupto | | | oreclosed, garni | shed, attached | d, seized, or levied? |
| | Check all that apply and fill in the details belowNo. Go to line 11.Yes. Fill in the information below. | N. | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | d | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details. | | luding a bank or fii | nancial institutio | n, set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | e creditor took | Date take | action was | Amount |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a | | erty in the possess | ion of an assigne | ee for the bene | efit of creditors, a |
| | ■ No □ Yes | | | | | |

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Case number (if known) Document Debtor 1 Blanche Libbie Pisauro

| Pa | tt 5: List Certain Gifts and Contributions | s | | | |
|-----|--|----------|---|-----------------------------------|--------------------------|
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. | uptcy, (| did you give any gifts with a total value of more t | han \$600 per person [•] | ? |
| | Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and | 0 | Describe the gifts | Dates you gave the gifts | Value |
| | Address: | | | | |
| 14. | Within 2 years before you filed for bankru No Yes. Fill in the details for each gift or co | | did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | otal | Describe what you contributed | Dates you contributed | Value |
| Pa | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? No Yes. Fill in the details. | ptcy or | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, |
| | | Descri | ibe any insurance coverage for the loss | Date of your | Value of property |
| | how the loss occurred | Include | e the amount that insurance has paid. List pending nce claims on line 33 of <i>Schedule A/B: Property.</i> | loss | lost |
| Pa | tt 7: List Certain Payments or Transfers | . | | | |
| 16. | consulted about seeking bankruptcy or p | repari | id you or anyone else acting on your behalf pay on ga bankruptcy petition? rs, or credit counseling agencies for services require | | rty to anyone you |
| | □ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Petti Murphy & Associates 22 South 4th Street Suite 2 Geneva, IL 60134 epetti@pettimurphylaw.com | | Bankruptcy attorney fees and filing fee | 1/18/18 and \$1,83 2/27/18 | |
| | Abacus 17337 Ventura Boulevard Encino, CA 91316 http://www.abacuscc.org | | Credit counseling | 1/24/18 | \$25.00 |

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Debtor 1 **Blanche Libbie Pisauro**

| 17. | Within 1 year before you filed for bankruptopromised to help you deal with your credit. Do not include any payment or transfer that you No Yes. Fill in the details. | ors or to make payments | | | transfer any prope | rty to anyone who |
|-----|---|---|--|------------------------------|--|---|
| | Person Who Was Paid Address | Description and v transferred | alue of any prope | rty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your landled both outright transfers and transfers minclude gifts and transfers that you have alrea No Yes, Fill in the details. | ousiness or financial affa nade as security (such as t | tirs? he granting of a sec | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | | ny property or received or debts hange | Date transfer was made |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details. | f-settled trus | st or similar device | of which you are a | | |
| | Name of trust | Description and v | alue of the proper | ty transferre | d | Date Transfer was made |
| | B: List of Certain Financial Accounts, In Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No | cy, were any financial acc or other financial accour ociations, and other finan | counts or instrum nts; certificates of icial institutions. | ents held in deposit; sha | ares in banks, credit | unions, brokerage |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | J | | e account was sed, sold, ved, or asferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | who else had acc Address (Number, State and ZIP Code) | ess to it? De | safe deposit | | Do you still have it? |
| 22. | Have you stored property in a storage unit No Yes. Fill in the details. | or place other than your | home within 1 yea | ar before you | u filed for bankrupto | sy? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | escribe the c | ontents | Do you still have it? |

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Debtor 1 **Blanche Libbie Pisauro**

| Pa | t 9: Identify Property You Hold or Control for | Someone Else | | | | | |
|-----|---|---|---------------------------------------|-----------------------|--|--|--|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing fo | or, or hold in trust | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | |
| Pa | t 10: Give Details About Environmental Inform | nation | | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | - · | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | _ | law, whether you now own, operate, | or utilize it or used | | | |
| | Hazardous material means anything an enviror hazardous material, pollutant, contaminant, or | nmental law defines as a hazardous | s waste, hazardous substance, toxic | substance, | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | | | |
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or admini | istrative proceeding under any envi | ironmental law? Include settlements | and orders. | | | |
| | ■ No | | | | | | |
| | ☐ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Pa | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of the following connections to an | nv business? | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company | • | • | | | | |
| | ☐ A partner in a partnership | , (===), o | ·F \' / | | | | |
| | ☐ An officer, director, or managing execu | itive of a corporation | | | | | |
| | | | | | | | |

 $\hfill \square$ An owner of at least 5% of the voting or equity securities of a corporation

Page 34 of 37 Case number (if known) Document Debtor 1 Blanche Libbie Pisauro No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Blanche Libbie Pisauro Signature of Debtor 2 Blanche Libbie Pisauro Signature of Debtor 1 Date March 7, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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☐ Yes. Name of Person

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Doc 1

Filed 03/08/18

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| Ellin dia inform | | | | |
|-----------------------------------|--|--|--|--|
| Fill in this inform | nation to identify ye | our case: | | |
| Debtor 1 | Blanche Libbie | Pisauro Middle Name | Last Name | - |
| Debtor 2 | THOUNGHO | Wilder Harrie | Edot (Valific | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | - |
| United States Bar | kruptcy Court for th | e: NORTHERN DIS | TRICT OF ILLINOIS | - |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |
| 00000 | 100 | | | |
| Official For | | | | _ |
| Statemen | t of Intent | ion for Indiv | <u>riduals Filing Under Cha</u> | pter 7 12/15 |
| If you are an indiv | vidual filing under | chapter 7, you must fil | Lout this form if: | |
| | claims secured by | • • | rout this form in | |
| _ | - | ty and the lease has n | ot expired. | |
| You must file this | form with the cou ver is earlier, unles | rt within 30 days after | you file your bankruptcy petition or by the da e time for cause. You must also send copies | |
| | ople are filing toge d date the form. | ther in a joint case, bo | th are equally responsible for supplying corre | ect information. Both debtors must |
| | | ssible. If more space is number (if known). | s needed, attach a separate sheet to this form | . On the top of any additional pages, |
| Part 1: List Yo | ur Creditors Who I | Have Secured Claims | | |
| - | | | : Creditors Who Have Claims Secured by Pro | perty (Official Form 106D), fill in the |
| information bel | low. | | • | , ,, |
| identify the cre | ditor and the prope | ty that is collateral | What do you intend to do with the property secures a debt? | that Did you claim the property as exempt on Schedule C? |
| | | | | |
| | ank of America | | ☐ Surrender the property. | □ No |
| name: | | | Retain the property and redeem it. | ■ V ₂ - |
| Description of | 2014 Nissan Ve | rsa Note 25,650 | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property | miles | | Retain the property and [explain]: | |
| securing debt: | Location: 318 E 210, Elburn IL 6 | empsey St. Apt. 60119 | | |
| | | | | |
| | | onal Property Leases v lease that you listed | in Schedule G: Executory Contracts and Une | expired Leases (Official Form 106G), fill |
| in the information | n below. Do not list | real estate leases. Un | expired leases are leases that are still in effect the trustee does not assume it. 11 U.S.C. § 36 | ct; the lease period has not yet ended. |
| Describe your ur | nexpired personal | property leases | | Will the lease be assumed? |
| Lessor's name: | Wisconsin | Management Co | | □ No |
| | | | | ■ Yes |
| December 1 | and Butter | | | |
| Description of lease Property: | | a one year written l Said Lease terminate | lease for 318 Dempsey St Apr 210, Elbur es 10/31/18. | n, |
| - • | 001101 | 0300 13111111011 | | |
| | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| DCD | Blanche Libbie Pisauro | Case number (if known) |
|------|---|---|
| Part | t3: Sign Below | |
| | er penalty of perjury, I declare that I have indic- perty that is subject to an unexpired lease. | cated my intention about any property of my estate that secures a debt and any personal |
| ріор | city that is subject to an unexpired lease. | |
| Х | /s/ Blanche Libbie Pisauro | X |
| Х | , , | X Signature of Debtor 2 |
| Х | /s/ Blanche Libbie Pisauro | X Signature of Debtor 2 |

Bank of America PO Box 45224 Jacksonville, FL 32232

Bank of America PO Box 982234 El Paso, TX 79998

DuPage Credit Union P.O. Box 3930 Naperville, IL 60567

Myriad Genetics 320 Wakara Way Salt Lake City, UT 84108

State Farm Bank PO Box 87 Deposit, NY 13754